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			Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003											SEC-62036 - 2412			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY		
TOTAL CLAIMS			33					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC F	≇ 385.00	OR	BASIC FEE	77Ö.00 ·		
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13	•13		X\$ 9=		OR	XS18=	וענב		
IN	DEPENDENT (CLAIMS	4 1	ninus 3 =	: 1			X43=	-	OR	X86=	26		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							ł	TOTAL	 	OR	TOTAL	1090		
MG CLAIMS AS AMENDED - PART II									<u> </u>	J U	OTHER			
_	0/12	(Column 1) (Cotumn 2) (Column 3						SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total .	-33	Minus	-37	<u> </u>	. —		·X\$ 9=		OR	X\$18=	> ·		
AME	Independent	FATTATION OF M	Minus	TENDENT	4			X43=		OB	X86= .			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						٠.	+145=	-	OR	+290=			
•		1, ,			•		L	TOTAL			TOTAL ADDIT, FEE			
	12/0 (Stumn 1) (Column 2) (Column 3)							DUII. PER			ADDII. PCCI			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 34	Minus	••	33	. /		X\$ 9=		OR	X\$18=	50,00		
	Independent FIRST PRESE	NTATION OF MIL	Minus II TIPI E DE	PENDENT	CIAN		I	X43=		OR	X86=			
THE THE STATE OF T							ſ	+145=		OR	+290=			
							A	TOTAL DOIT. FEE		OR,	TOTAL COOT, FEE	30.00		
_		(Column 1)				(Column 3)		• •	•					
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	er USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		• .	F	X\$ 9=		OR	X\$18=			
AME	Independent	•	Minus	***		•	t	X43=		OR	X86=	-		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	+145=			+290=			
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	TOTAL			
	i the Highest Nu	moer Previously Pa mber Previously Pa mber Previously Pak	id For IN THI	S SPACE in !	less foar	3 enter 3		TOTAL DIT. FEE	econdre &		DOTT. FEEL			
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